

10.09.06.00

**Title 10 MARYLAND DEPARTMENT OF HEALTH**

**Subtitle 09 MEDICAL CARE PROGRAMS**

**Chapter 06 Adult Residential Substance Use Disorder Services**

**Authority: Health-General Article, §§2-104(b), 7.5-204(c), 7.5-205(d), and 15-105(b),  
Annotated Code of Maryland**

10.09.06.04

**.04 Conditions for Participation.**

A. A provider shall meet all conditions for participation as set forth in COMAR 10.09.36.03.

B. To participate in the Program as a residential substance use disorder provider, the provider shall:

- (1) Be in compliance with COMAR 10.63.03 as applicable to each ASAM level of care;
- (2) Be in compliance with all ASAM requirements for each applicable level of care;
- (3) Demonstrate competence in the ability to deliver a minimum of three evidence-based practice services;
- (4) Complete all required documentation associated with the application process;
- (5) Maintain verification of licenses and credentials, including background checks, of all professionals employed by or under contract with the provider in their respective personnel files;
- (6) Maintain staffing within each ASAM level of care as described in §§C—G of this regulation;
- (7) Increase staffing within each ASAM level of care at a ratio to correspond with the participant census to meet required ASAM level of service delivery for each patient;
- (8) Maintain adequate documentation of each clinical contact with a participant as part of the medical record, which includes, at a minimum:
  - (a) An individualized treatment plan;
  - (b) The date of all clinical encounters with start and end times and a description of services provided;

(c) Documentation of all clinical services received by the participant;

(d) Progress notes updated on each day services are provided;

(e) An individualized discharge plan; and

(f) An official e-Signature, or a legible signature, along with the printed or typed name of the individual providing care, with the appropriate degree or title on all clinical progress notes;

(9) Maintain adequate documentation indicating that the participant continues to meet the medical necessity criteria for the applicable ASAM level of care;

(10) Make the documentation required under this subtitle, or necessary to substantiate compliance with this subtitle, available as requested to carry out required activities, to the:

(a) Department;

(b) ASO;

(c) Core Service Agency;

(d) Local addictions authority;

(e) Local behavioral health authority;

(f) Office of Inspector General of the Department; and

(g) Office of the Attorney General Medicaid Fraud Control Unit; and

(11) Comply with all federal statutes and regulations, including the Health Insurance Portability and Accountability Act, 42 U.S.C. §1320D et seq., and implementing regulations at 45 CFR Parts 160 and 164.04 Participant Eligibility and Referral.

*C. A residential, low-intensity level 3.1 provider shall:*

*(1) Provide therapeutic services for a minimum of 5 hours per week;*

*(2) Coordinate aftercare services through:*

*(a) Peer support; or*

*(b) Licensed provider;*

*(3) At a minimum, maintain the following staff:*

*(a) A part-time program director on-site 20 hours per week;*

*(b) A clinical director serving the program 20 hours per week who:*

*(i) May also be the program director*

*(ii) Is responsible for the supervision of the program's clinical services, counselors, peer support staff, and coordination of all care provided by outside programs; and*

*(iii) Is identified under COMAR 10.09.59.04 as an individual practitioner provider or certified and approved by the Board of Professional Counselors and Therapists as a supervisor;*

*(c) A licensed or certified counselor on-site 40 hours per week;*

*(d) Peer support staff; and*

*(e) At least one staff member on duty between 11 p.m. and 7 a.m. who is:*

*(i) Certified in cardiopulmonary resuscitation;*

*(ii) Certified in Narcan administration; and*

*(iii) Trained in crisis intervention.*

D. A residential, medium intensity level 3.3 providers shall:

(1) Have sufficient physician, physician assistant, or nurse practitioner services to:

(a) Provide initial diagnostic work-up;

(b) Provide identification of medical and surgical problems for referral; and

(c) Handle medical emergencies when necessary;

(2) Provide therapeutic activities from 20 to 35 hours per week;

(3) Coordinate aftercare services through:

(a) Peer support; or

(b) Licensed provider;

(4) Have at least one staff member:

(a) Certified in cardiopulmonary resuscitation;

(b) Trained in crisis intervention; and

- (c) On duty between 11 p.m. and 7 a.m.;
- (5) Have a part-time facility director on-site 20 hours per week; and
- (6) At a minimum, maintain the following staff:
  - (a) A physician, nurse practitioner, or physician assistant on-site 4 hours per week and 1 hour on call;
  - (b) A psychiatrist or psychiatric nurse practitioner available 3 hours per week;
  - (c) A registered nurse or licensed practical nurse on-site 40 hours per week; and
  - (d) An on-site multi-disciplinary team consisting of:
    - (i) A clinical supervisor;
    - (ii) A licensed mental health clinician;
    - (iii) A certified counselor under direct supervision of a counselor approved by the Board of Professional Counselors and Therapists as a supervisor; and
    - (iv) Peer support staff.

E. A residential, high intensity level 3.5 provider shall:

- (1) Have sufficient physician, physician assistant, or nurse practitioner services to:
  - (a) Provide initial diagnostic work-up;
  - (b) Provide identification of medical and surgical problems for referral; and
  - (c) Handle medical emergencies when necessary;
- (2) Provide a minimum of 36 hours of therapeutic activities per week;
- (3) Coordinate aftercare services through:
  - (a) Peer support; or
  - (b) A licensed provider;
- (4) Have at least one staff member:
  - (a) Certified in cardiopulmonary resuscitation;

- (b) Trained in crisis intervention; and
- (c) On duty between 11 p.m. and 7 a.m.;
- (5) Have a part-time facility director on-site 20 hours per week; and
- (6) At a minimum, have the following staff:
  - (a) A physician, nurse practitioner, or physician assistant on-site 1 hour per week;
  - (b) A psychiatrist or psychiatric nurse practitioner available 1 hour per week;
  - (c) An on-site multi-disciplinary team consisting of:
    - (i) A clinical supervisor;
    - (ii) A licensed mental health clinician;
    - (iii) Certified counselors under direct supervision of a counselor approved by the Board of Professional Counselors and Therapists as a supervisor; and
    - (iv) Peer support staff.

F. A residential, intensive level 3.7 provider shall:

- (1) Have sufficient physician, physician assistant, or nurse practitioner services to:
  - (a) Provide initial diagnostic work-up;
  - (b) Provide identification of medical and surgical problems for referral; and
  - (c) Handle medical emergencies when necessary;
- (2) Provide a minimum of 36 hours of therapeutic activities per week;
- (3) Coordinate aftercare services through:
  - (a) Peer support; or
  - (b) Licensed provider;
- (4) Have at least two staff members:
  - (a) Certified in cardiopulmonary resuscitation;
  - (b) Trained in crisis management; and

(c) On duty between 11 p.m. and 7 a.m.;

(5) Have a part-time facility director on-site 20 hours per week; and

(6) At a minimum, have on staff a:

(a) Physician, nurse practitioner, or physician assistant on-site 5 hours per week and 2 hours on call;

(b) Psychiatrist or psychiatric nurse practitioner available 10 hours per week;

(c) Nurse on-site 168 hours per week, with a minimum of 56 hours provided by a registered nurse;

(d) On-site multi-disciplinary team consisting of:

(i) A clinical supervisor;

(ii) A licensed mental health clinician;

(iii) Certified counselors under direct supervision of a counselor approved by the Board of Professional Counselors and Therapists as a supervisor; and

(iv) Peer support staff.

G. A withdrawal management service level 3.7-WM provider shall:

(1) Have a part-time facility director on-site 20 hours per week;

(2) Coordinate aftercare services through:

(a) Peer support; or

(b) Licensed provider; and

(3) At a minimum, have on staff:

(a) A physician, nurse practitioner, or physician assistant on-site 20 hours per week and 4 hours on call;

(b) A psychiatrist or psychiatric nurse practitioner available 8 hours per week;

(c) A registered nurse on-site 56 hours per week;

(d) A licensed practical nurse on-site 112 hours per week; and

(e) An on-site multi-disciplinary team consisting of:

(i) A clinical supervisor;

(ii) A licensed mental health clinician;

(iii) Certified counselors under direct supervision of a counselor approved by the Board of Professional Counselors and Therapists as a supervisor; and

(iv) Peer support staff.

## **.06 Covered Services.**

*A. A residential, low intensity level 3.1 provider shall provide:*

*(1) Therapeutic substance use disorder services for a minimum of 5 hours per week; and*

*(2) Services in a structured environment in combination with low-intensity treatment and ancillary services to support and promote recovery.*

**B. A residential-medium intensity level 3.3 provider shall:**

(1) Provide clinically managed substance use disorder treatment 20 to 35 hours per week based on a comprehensive assessment; and

(2) Provide services in a structured environment in combination with medium-intensity treatment and ancillary services to support and promote recovery.

**C. A residential, high intensity level 3.5 provider shall:**

(1) Provide clinically managed substance use disorder treatment at least 36 hours per week based on a comprehensive assessment; and

(2) Provide services in a highly structured environment, in combination with medium-intensity to high-intensity treatment and ancillary services to support and promote recovery.

**D. A residential-intensive level 3.7 provider shall:**

(1) Provide medically monitored, intensive substance use disorder treatment at least 36 hours per week based on a comprehensive assessment; and

(2) Offer a planned regimen of 24-hour professionally directed evaluation, care, and treatment in an inpatient setting.

**E. A withdrawal management service level 3.7 provider shall offer 24-hour medically supervised evaluation and withdrawal management.**

10.09.06.09

**.09 Payment Procedures.**

A. General policies governing payment procedures that are applicable to all providers are set forth in COMAR 10.09.36.04.

B. Billing time limitations for claims submitted under this chapter are set forth in COMAR 10.09.36.06.

C. Effective July 1, 2017, rates for the services outlined in this chapter shall be as follows.

- (1) For ASAM Level 3.1, the provider shall receive \$85 per diem;
- (2) For ASAM Level 3.3, the provider shall receive \$189.44 per diem;
- (3) For ASAM Level 3.5, the provider shall receive \$189.44 per diem;
- (4) For ASAM Level 3.7, the provider shall receive \$291.65 per diem; and
- (5) For ASAM Level 3.7-WM, the provider shall receive \$354.67 per diem.

D. Administrative Days. The Department shall pay at the daily rate based on the patient's ASAM level of care when:

(1) The participant's required level of care has changed, and the following conditions are met:

(a) The provider has implemented a predischarge planning program and initiated placement activities for the participant at the earliest appropriate time;

(b) The provider has actively pursued placement of the participant at the required level of care in an appropriate facility during the entire period of administrative days;

(c) The provider has submitted documentation to the Department or its designee that it has complied with the requirements of §D(1)(a)—(b) of this regulation for the entire period of the administrative stay claimed for reimbursement; and

(d) The participant is transferred promptly to the first available appropriate facility licensed and certified for the required level of care; and

(2) The participant is at an inappropriate level of care but cannot be moved, and the following conditions are met:

(a) The attending physician has declared that, because of physical or emotional problems, the participant is unable to be moved; and

**(b) The reason the participant cannot be moved is adequately documented by the attending physician in the participant's record**